## 116000062915

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
er (D.E)		NOLOGIES LLC		
ZUBJI	ECT:	Name of Limit	ed Liability Company	
The en	closed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please	return all correspon	dence concerning this matter to	o the following:	
		ANDRAS VAJKAI		
			Name of Person	······································
		VBS TECHNOLOGIES LI	LC C	
			Firm/Company	
		5004 E FOWLER AVE AP	T 208	
			Address	
		TAMPA, FL, 33617		
			City/State and Zip Code	
		vajkai@gmail.com		
		E-mail address: (t	o be used for future annual report notific	cation)
For fu	rther information co	ncerning this matter, please ca	11:	
Andra	as Vajkai		347 4671140 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
□ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VBS TECHNOLOGIES LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.  a Limited Liability Company)	)
	Company were filed on 03/29/2016	and assigned
Florida document number L16000062915	•	
This amendment is submitted to amend the following:		
he Articles of Organization for this Limited Liability Company were filed on 03/29/2016 and assigned lorida document number L16000062915  his amendment is submitted to amend the following:  If amending name, enter the new name of the limited Hability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  Name of New Registered agent and/or the new registered office address here:  New Registered Office Address:  New Registered Office Address:  Enter Florida street address		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	and assigned  gration "LLC" or the abbreviation "L.L.C."  bur records, enter the name of the new  a street address  , Florida
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FALLAHA
registered agent and/or the new registered office add		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	From Florida como allores	
	3.1.2	
<del></del>	, Flo	zip Code
	он, ,	,

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	VBS GROUP EUROPE KFT.	LIGET U. 19. DOMBOVAR	
		7200 HUNGARY	Remove
			■ Change
MGR	ANDRAS VAJKAI	LIGET U. 19. DOMBOVAR	<b>=</b> Add
		7200 HUNGARY	□ Remove
			Change
			Remove
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Effective date, if other than the date of filing:  (optional)  if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	Pursuant to	605,0207 (3 isted as th
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	n the ea	rlier of:
Signature of a member or authorized representative of a member		
Simply of a mark of the state o		
ANDRAS VAZKAI  Typed or printed name of signee		

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Filing Fee: \$25.00